

Date Notice Provided: \_\_\_\_\_  
mm/dd/yy

**STATE SAMPLE**

Method of Provision:

- ☐ Personally Presented  
☐ Mailed

<Insert District Information>

## NOTICE OF ACTION

In accordance with Part B of the IDEA

Prior Written Notice must be given before our district takes certain actions. The

following is to describe the action(s) ☐ Proposed or ☐ Refused by our district.

- |   |   |
|---|---|
| <input type="checkbox"/> Initial evaluation         | <input type="checkbox"/> Initial placement      |
| <input type="checkbox"/> Reevaluation               | <input type="checkbox"/> Change of placement    |
| <input type="checkbox"/> Ineligibility for services | <input type="checkbox"/> Change of services     |
| <input type="checkbox"/> Change in Eligibility      | <input type="checkbox"/> Other: (Specify) _____ |

**Explanation of Action:** (The reason(s) for the proposal or refusal) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Options Considered and Why Rejected:**

- Option(s) that was/were considered: \_\_\_\_\_  
\_\_\_\_\_
- The reason(s) why each option was rejected: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Basis for the Action:** (A listing or attached description of each evaluation procedure, test, record, or report used as a basis for the action) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Factors Relevant to the Action:** (Description of any other factors that are relevant to the action **OR** a statement that no other factors are present) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Procedural Safeguards Statement**

Parents of a child with a disability have protection under the procedural safeguards of Part B of the Individuals with Disabilities Education Act (IDEA). A copy of The Procedural Safeguards Statement for Parents and Children may be obtained from <insert name and address of local district special education contact>.

If you need assistance in understanding the provisions of the procedural safeguards, you may contact <insert name, address and telephone number of local district special education contact> or the Special Education Compliance Section at the Department of Elementary and Secondary Education at (573) 751-0699 or via e-mail at [webreplyspeco@mail.dese.state.mo.us](mailto:webreplyspeco@mail.dese.state.mo.us).

**-OR-**

☐ A copy of the Procedural Safeguards for Children and Parents Statement accompanies this notice. (Required with Notice of Intent to Reevaluate.)

If you have any questions or object to this action, contact me immediately.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

We need your signature in ☐ Section 1 or ☐ Section 2 below:

### **Section 1**

PARENT SIGNATURE FOR CONSENT IS REQUIRED before the following actions can be initiated:

- ☐ Initial evaluation \*(with assessment)
- ☐ Initial Placement
- ☐ Reevaluation \*(with assessment)

I understand and agree to the proposed action.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date of Parent/Guardian Signature

Date signed consent received by public agency \_\_\_\_\_

\*(A description of the areas to be assessed and the tests to be used [if known] must be provided with this Notice).

### **Section 2**

I understand that the action being proposed cannot be carried out for ten days from the date of the Notice, unless I waive that time requirement.

☐ I would like for the proposed action to be carried out and waive the 10-day time requirement.

☐ I would like to have the 10 days to consider the action being proposed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Date received by public agency\_\_\_\_\_